		for the calendar year Jan	ooration Income ourself 1, 2003 through December taxable year		
		beginning	, and ending	,	2003
nebraska department			PLEASE DO NOT WRITE	IN THIS SPACE	
of revenue					
Name					
Street or Other Mailing Addres	s				
edy T					
City	State	Zip Code	Check here if you not the Nebraska Depart		printed booklet from ue next year.
Business Classification Code	Date Business Began in Nebrask	a Federal Identific		Nebraska Identifi	
				24 —	
Check applicable box(es):					_
(1) Initial Return (2)		Return: Reason for Amending			Form 3800N Attached
Do	not file if all shareholders are Nebras	ka residents and all inc	ome is derived from Ne		
1 Ordinary income (lir	ne 21, Federal Form 1120S)				5
, ,	,				
2 Nebraska adjustme	nts increasing ordinary income (I	ine 9, Schedule II)		2	
3 Line 1 plus line 2 .				3	
4 Nebraska adjustme	nts decreasing ordinary income ((line 20, Schedule II))	4	
5 Nebraska adjusted	income (line 3 minus line 4)				
6 Income reported to	Nebraska (enter line 5 above or	line 3, Schedule I, if	f applicable)	6	B
·	If line 6 show	vs a loss, omit lines 7 tl	hrough 11		·
	ip by nonresident individual share		7	%	
	ip by nonresident individual share				
Nebraska Nonreside	%				
9 Percent of taxable II	ncome subject to withholding (lin	e / minus line 8)	9	%	h
10 Income subject to w	rithholding (line 6 multiplied by lin	ne 9)			B
11 Nebraska income ta	ax withheld for nonresident share	holders (multiply line	e 10 by .0684)	11	
12 Recapture of 3800N	l credit			12	
13 Total of lines 11 and	៨ 12			13	
14 Tax deposited with	Form 7004N and 2003 estimated	d tax payments		14	
15 TAX DUE if line 13 i	is greater than line 14 (line 13 mi	inus line 14)		15	
16 Overpayment if line	14 is greater than line 13 (line 14	4 minus line 13)		16	
17 Amount on line 16 y	17				
18 Overpayment to be	REFUNDED (line 16 minus line	17)			\$
Under	penalties of perjury, I declare that as taxpayer of	or preparer I have examined t			
sign and statemen	nts, and to the best of my knowledge and belief	, it is correct and complete.			
. •					
here Signature of C	Officer	Date	Signature of Preparer C	Other than Taypaur	er Date
, Signature of t	, , , , , , , , , , , , , , , , , , ,	Date.	orginature of Freparer C	zuiei uiaii raxpaye	o Date

A COPY OF THE FEDERAL RETURN AND SUPPORTING SCHEDULES MUST BE ATTACHED TO THIS RETURN
Mail this return and payment to: NEBRASKA DEPARTMENT OF REVENUE, P.O. BOX 94818, LINCOLN, NE 68509-4818
Visit our Web site: www.revenue.state.ne.us, or call 1-800-742-7474 (toll free in NE and IA) or 1-402-471-5729.

Address

Phone Number

Phone Number



S CORPORATION WITH INCOME DERIVED FROM SOURCES BOTH WITHIN AND WITHOUT NEBRASKA

NEBRASKA SCHEDULE I — Apportionment of Income

• If you use this schedule, read instructions

FORM 1120-SN

Name as Shown on Form 1120-SN					braska Identification Numb	per					
				24	l —						
1	Nebraska adjusted income (line 5, Form 1120-SN)		·····		1						
2 Nebraska apportionment factor (line 13 below)											
3	3 Income apportioned to Nebraska (line 1 multiplied by line 2). Enter on line 6, Form 1120-SN										
	APPORTIONMENT FACTORS TOTAL		NEBRASKA		NEBRASKA APPORTIONMENT FACTOR						
	Sales or Gross Receipts										
4	Sales or gross receipts minus returns and allowances	4									
	5 Sales delivered or shipped to purchasers in Nebraska: a Shipped from outside Nebraska			5 a							
	b Shipped from within Nebraska			5 b							
6	6 Sales shipped from Nebraska to the U.S. government			6							
7	a Interest on sales of tangible property	7 a									
	b Interest, dividends, and royalties from intangible property	7 b									
8	Gross rents	8									
	Net gain on sales of intangible property	9									
	property not included above	10									
11	Other income (attach schedule)	11									
	TOTAL SALES OR GROSS RECEIPTS		l: 40 TOT::								
13	Nebraska apportionment factor (divide line 12, NEBRASKA colu at least five decimal places and round to four). Enter here and of					13 .					